



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

June 15, 2018

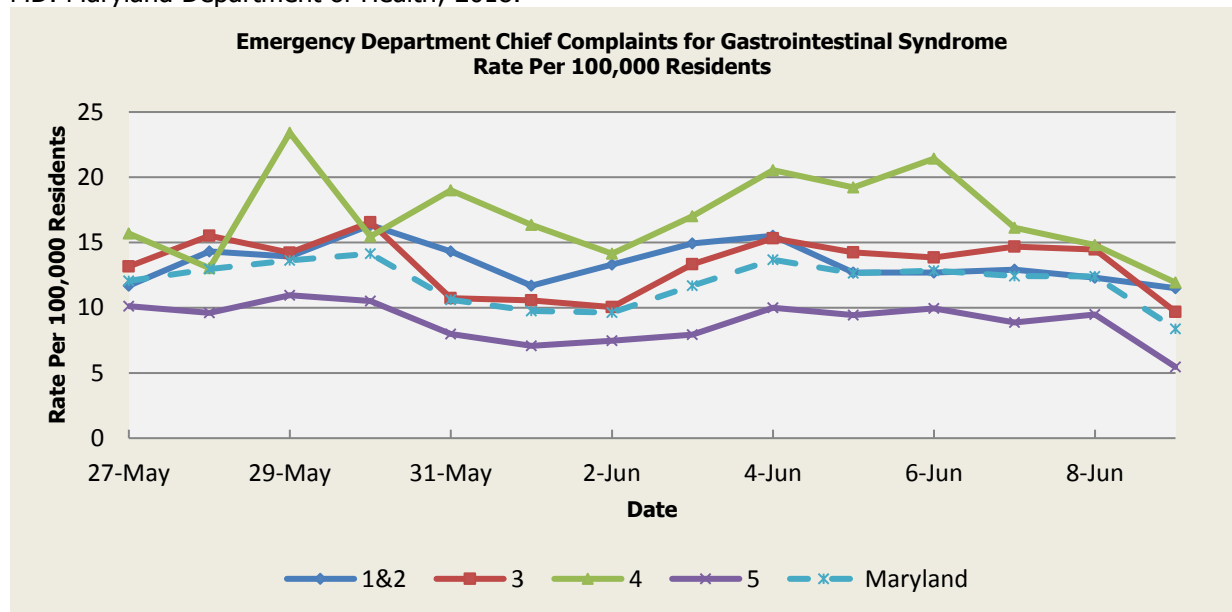
Public Health Preparedness and Situational Awareness Report: #2018:23 Reporting for the week ending 06/09/18 (MMWR Week #23)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts
Maryland: Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

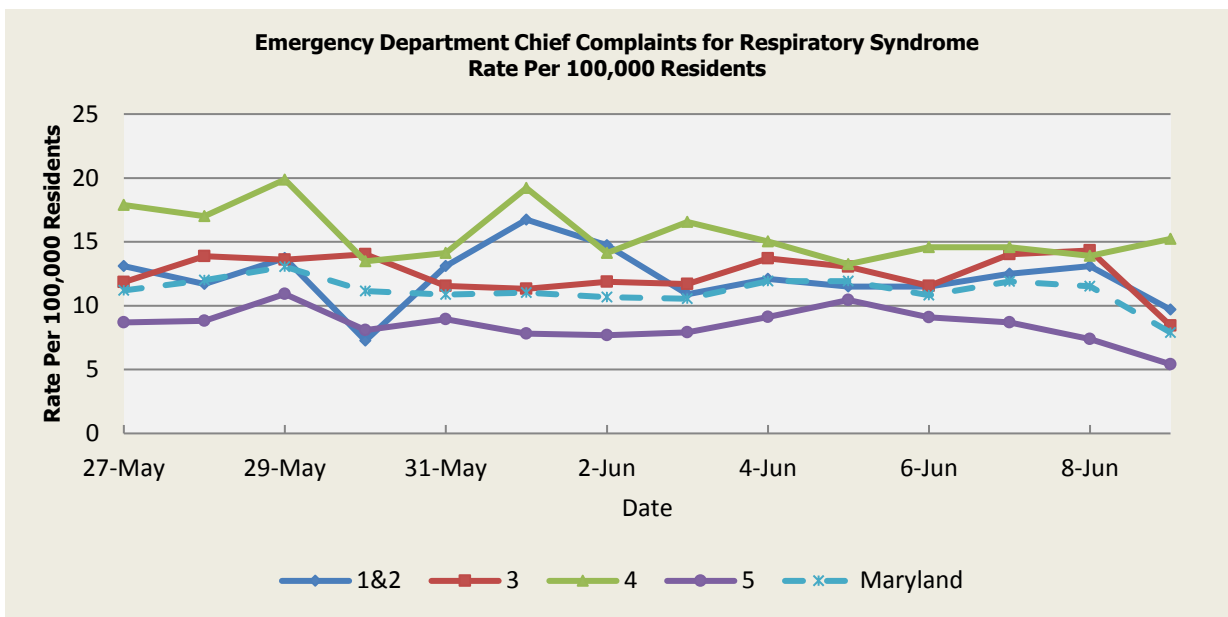
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2018.



There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.07	15.15	15.67	10.24	13.14
Median Rate*	12.91	14.87	15.24	10.13	12.98

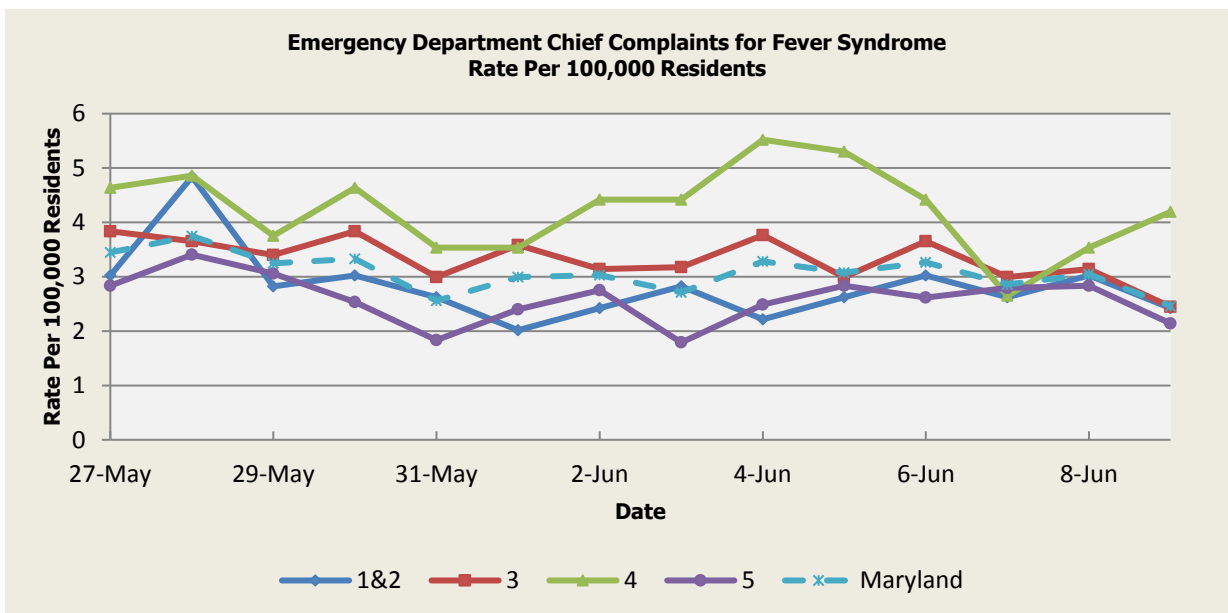
* Per 100,000 Residents



There were no Respiratory illness outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.41	14.69	14.83	9.99	12.71
Median Rate*	11.90	14.10	14.13	9.65	12.20

* Per 100,000 Residents

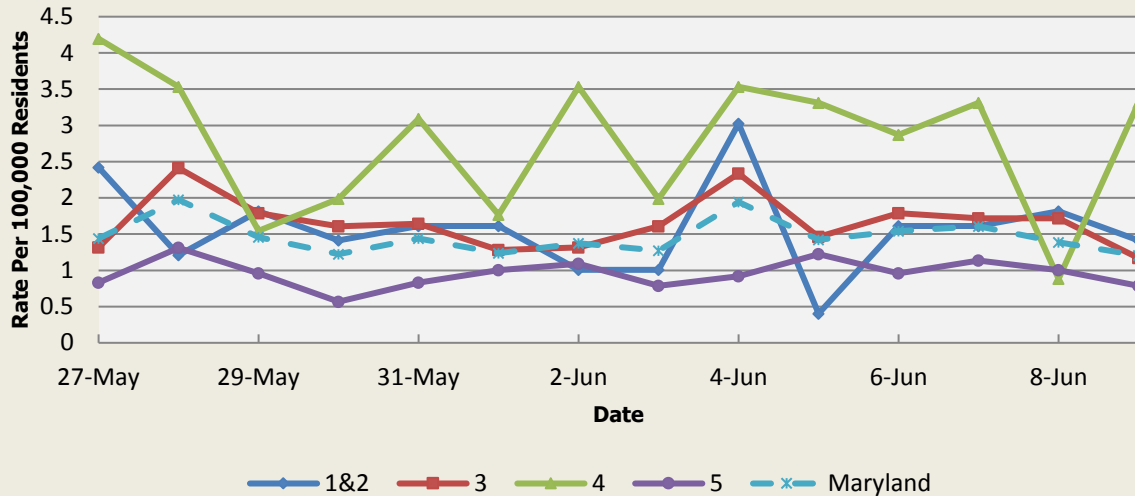


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.01	3.89	4.03	3.05	3.51
Median Rate*	2.82	3.76	3.75	2.92	3.38

Per 100,000 Residents

Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



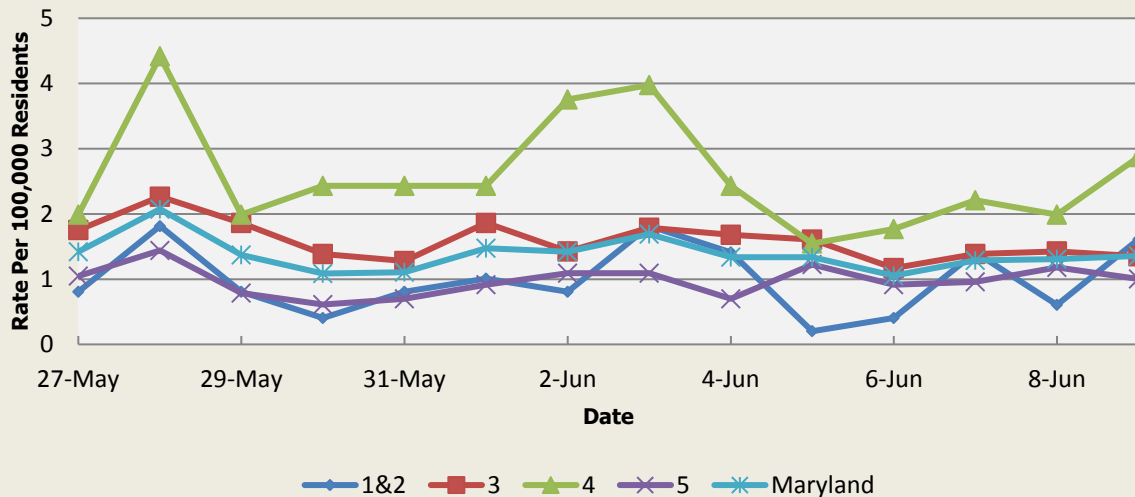
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.05	1.85	2.03	0.93	1.44
Median Rate*	1.01	1.79	1.99	0.92	1.39

* Per 100,000 Residents

Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents

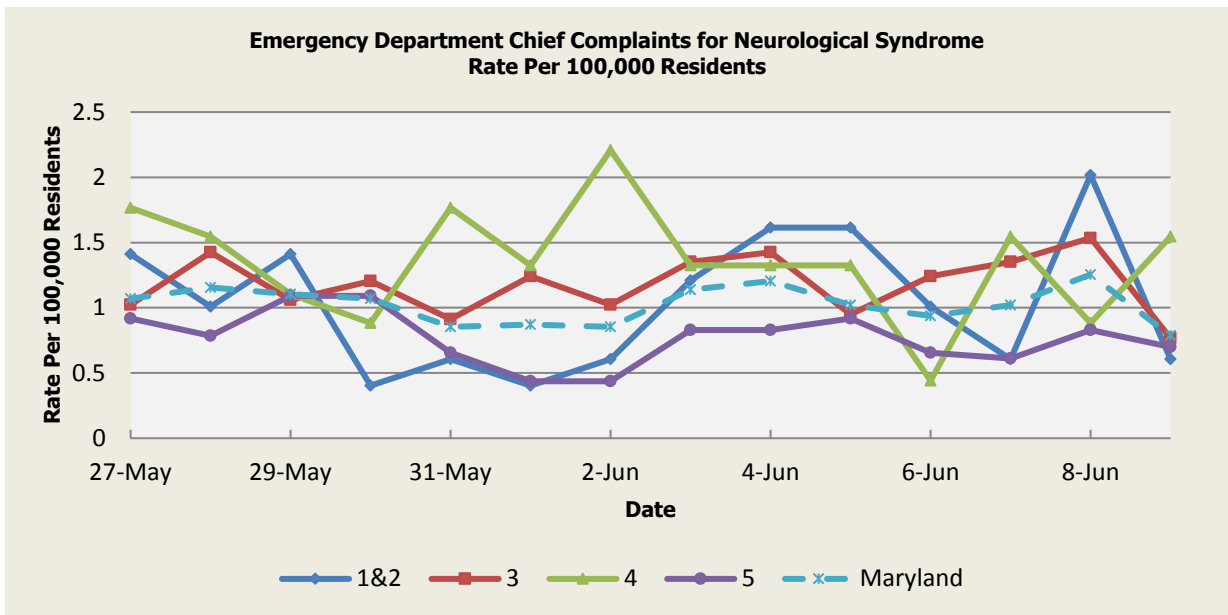


There were two (2) Rash Syndrome outbreaks reported this week: two (2) outbreaks of Hand, Foot, and Mouth Disease associated with Daycare Centers (Region 3).

Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.21	1.71	1.76	1.00	1.40
Median Rate*	1.21	1.64	1.77	0.96	1.34

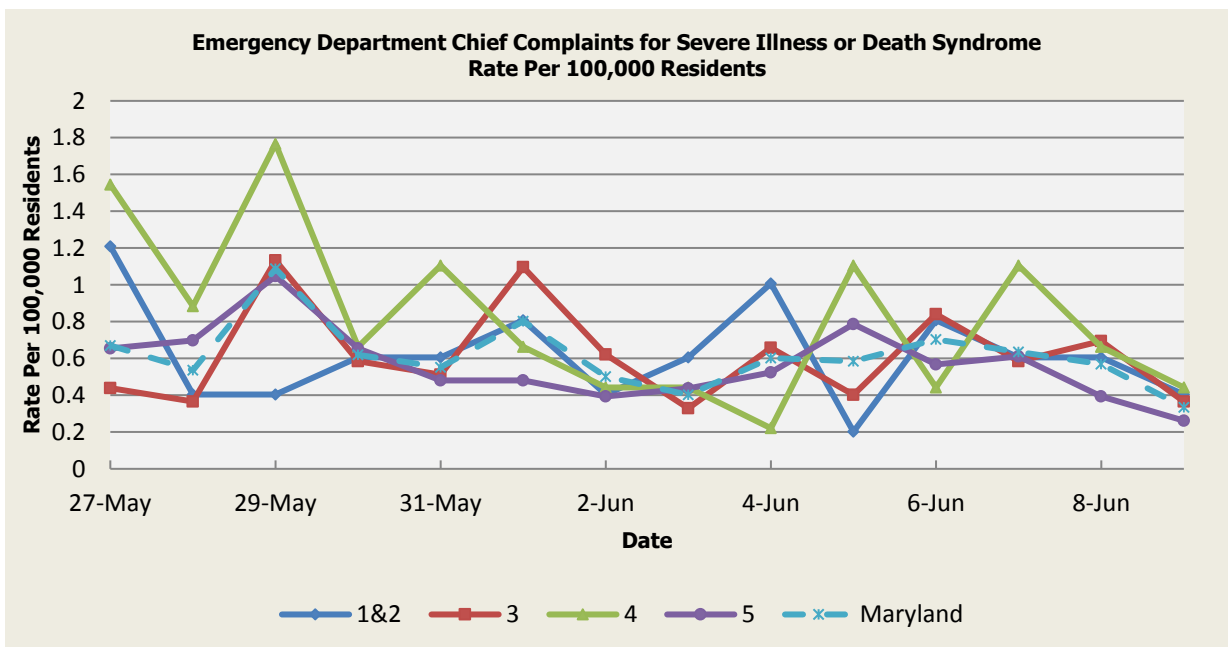
* Per 100,000 Residents



There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.72	0.88	0.78	0.55	0.73
Median Rate*	0.60	0.77	0.66	0.52	0.64

* Per 100,000 Residents

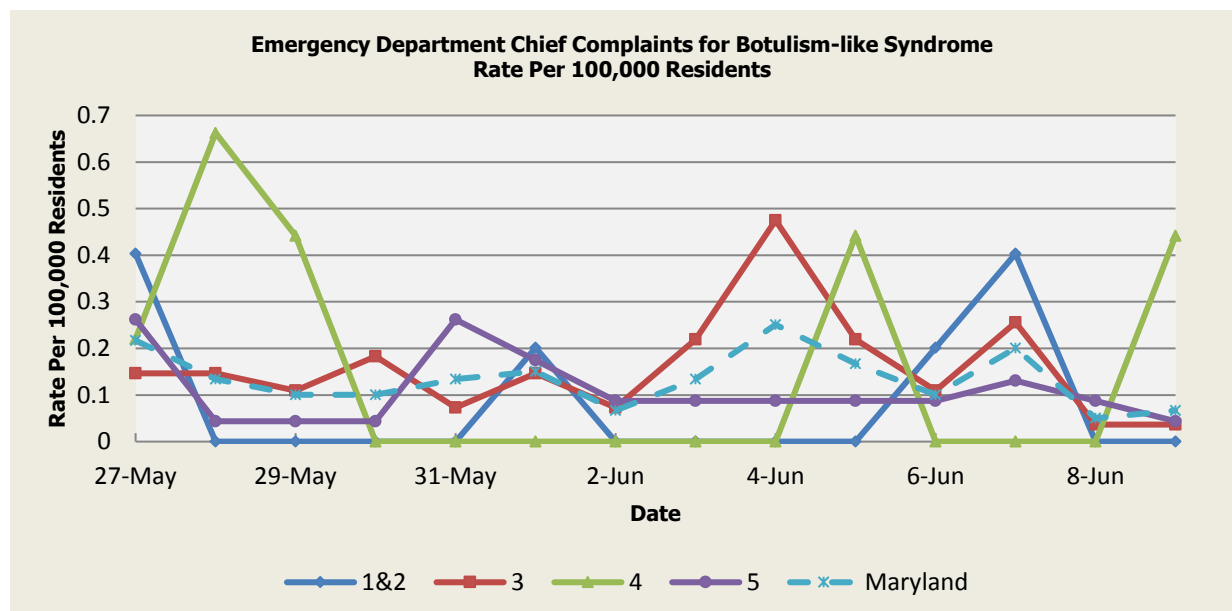


There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.63	0.89	0.79	0.47	0.70
Median Rate*	0.60	0.88	0.66	0.48	0.69

* Per 100,000 Residents

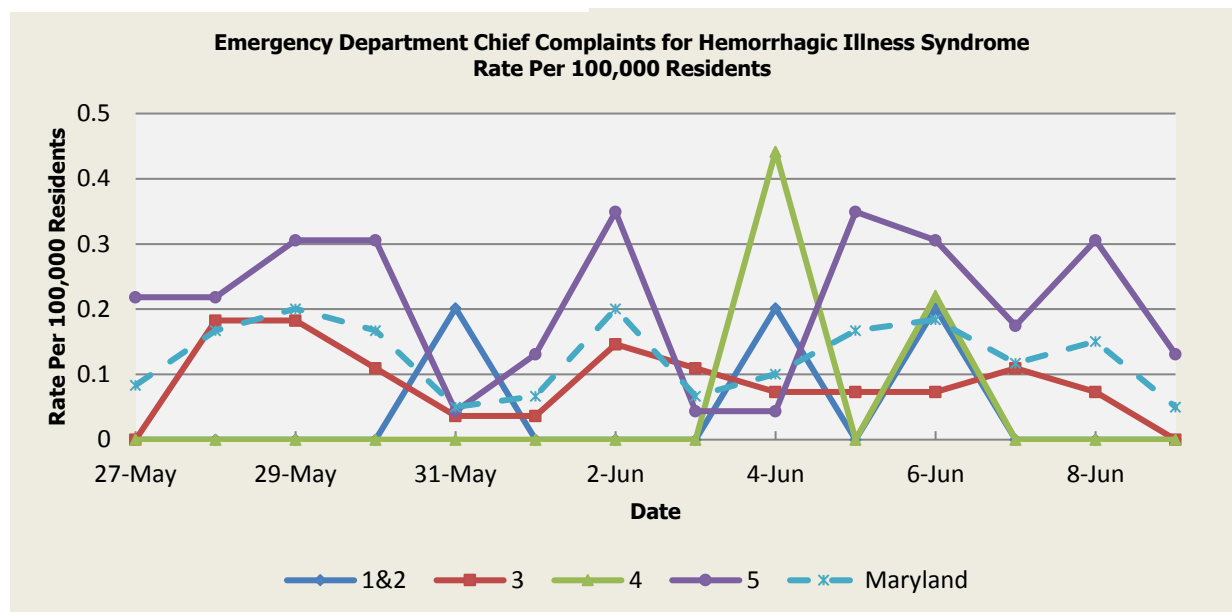
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 05/27 (Regions 1&2,4,5), 05/28 (Region 4), 05/29 (Region 4), 05/31 (Region 5), 06/01 (Regions 1&2,5), 06/04 (Region 3), 06/05 (Region 4), 06/06 (Regions 1&2), 06/07 (Regions 1&2,3), 06/09 (Region 4). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.11	0.05	0.07	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

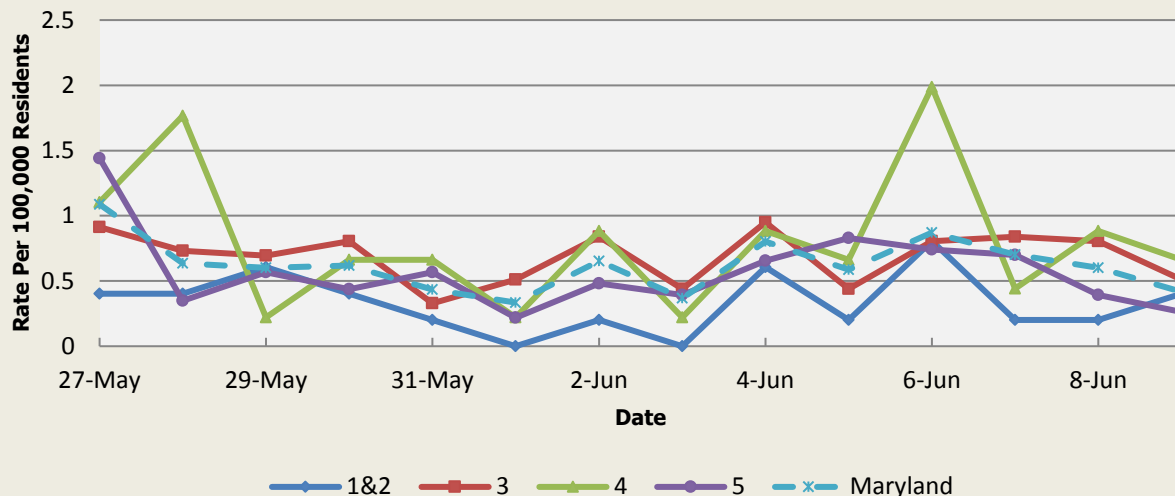


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 05/29 (Region 5), 05/30 (Region 5), 05/31 (Regions 1&2), 06/02 (Region 5), 06/04 (Regions 1&2,4), 06/05 (Region 5), 06/06 (Regions 1&2,4,5), 06/08 (Region 5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.14	0.03	0.11	0.11
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

Emergency Department Chief Complaints for Lymphadenitis Syndrome Rate Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 05/27 (Regions 4,5), 05/28 (Region 4), 06/02 (Region 4), 06/04 (Region 4), 06/06 (Regions 1&2,4,5), 06/08 (Region 4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.56	0.37	0.35	0.45
Median Rate*	0.20	0.44	0.22	0.31	0.37

* Per 100,000 Residents

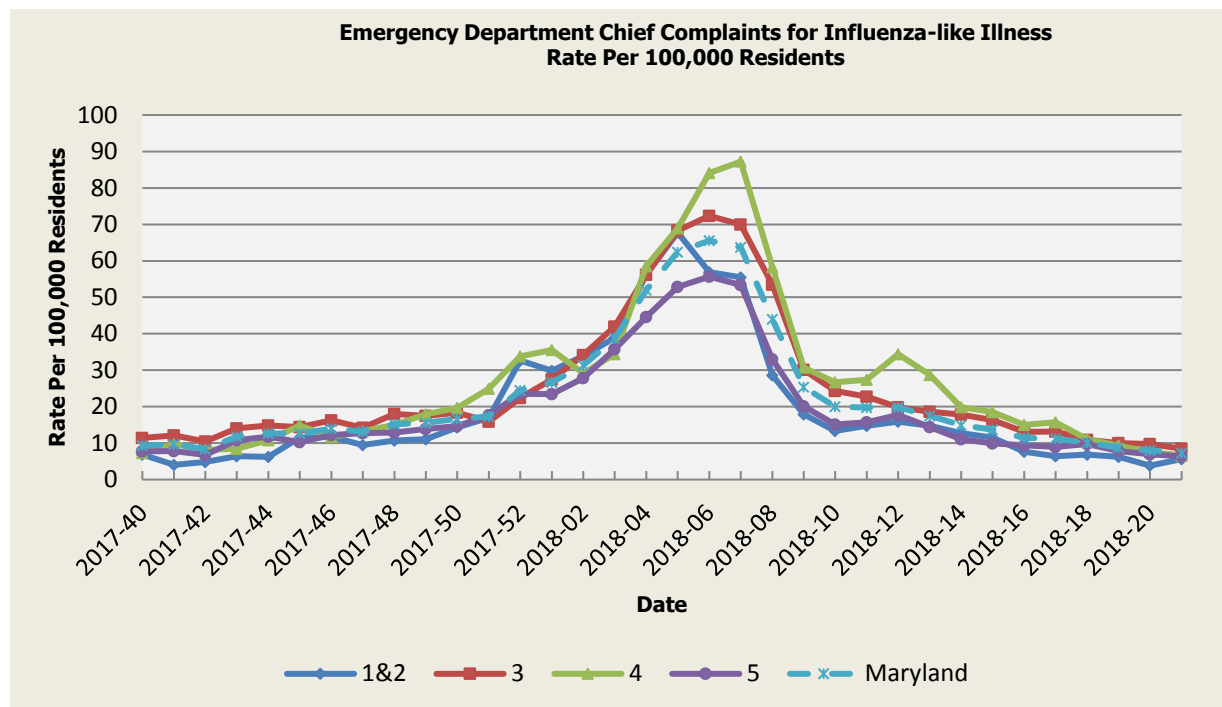
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	January			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Meningococcal disease	0	0	0	4	2.8	2
Measles	0	0.4	0	0	4.2	3
Mumps	0	1.2	1	5	35.4	16
Rubella	0	0.2	0	1	2.8	3
Pertussis	0	6	6	17	129.4	122
Foodborne Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Salmonellosis	0	30	30	39	293.6	287
Shigellosis	0	7.6	9	19	83.6	97
Campylobacteriosis	0	28.8	31	71	294.6	298
Shiga toxin-producing Escherichia coli (STEC)	0	6.6	7	12	61	69
Listeriosis	0	0.8	1	1	5.6	5
Arboviral Diseases	2018	Mean*	Median*	2018	Mean*	Median*
West Nile Fever	0	0.8	0	0	1.8	2
Lyme Disease	0	165.6	171	176	1085	1144
Emerging Infectious Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Chikungunya	0	0	0	1	1.6	0
Dengue Fever	0	0.6	0	1	11.8	8
Zika Virus***	0	0.4	0	0	5.4	4
Other	2018	Mean*	Median*	2018	Mean*	Median*
Legionellosis	0	4.4	4	16	65.8	61
Aseptic meningitis	0	8.8	8	20	148.6	152

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health; 2018. † Counts are subject to change *Timeframe of 2011-2017. **Includes January through current month. *** As of June 13, 2018, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2018 is 5.

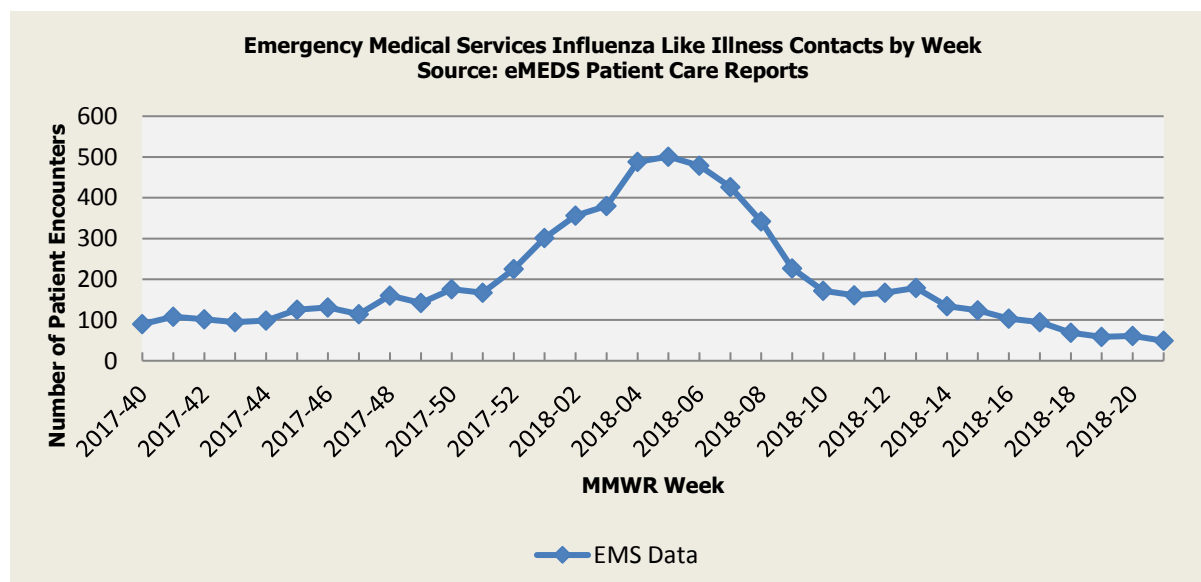
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May).



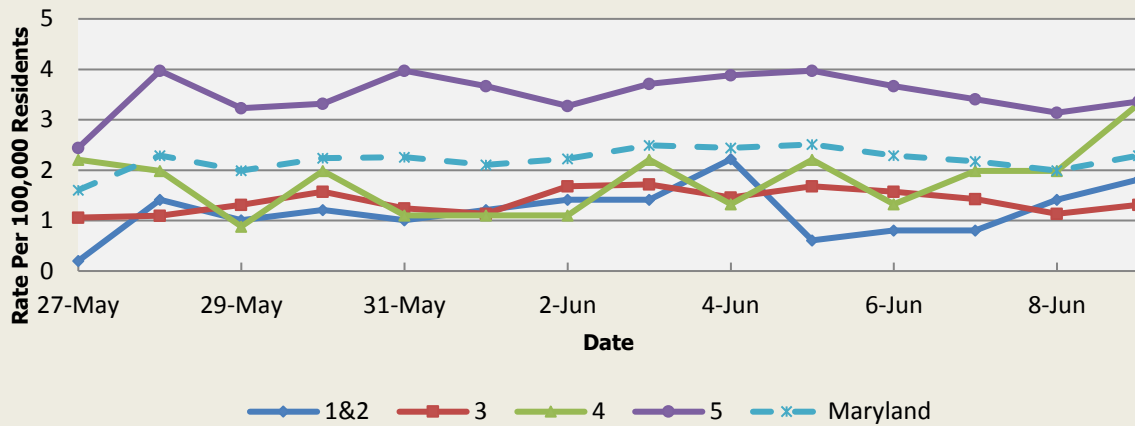
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.34	16.55	15.19	14.31	15.24
Median Rate*	7.66	9.65	9.05	8.45	8.99

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

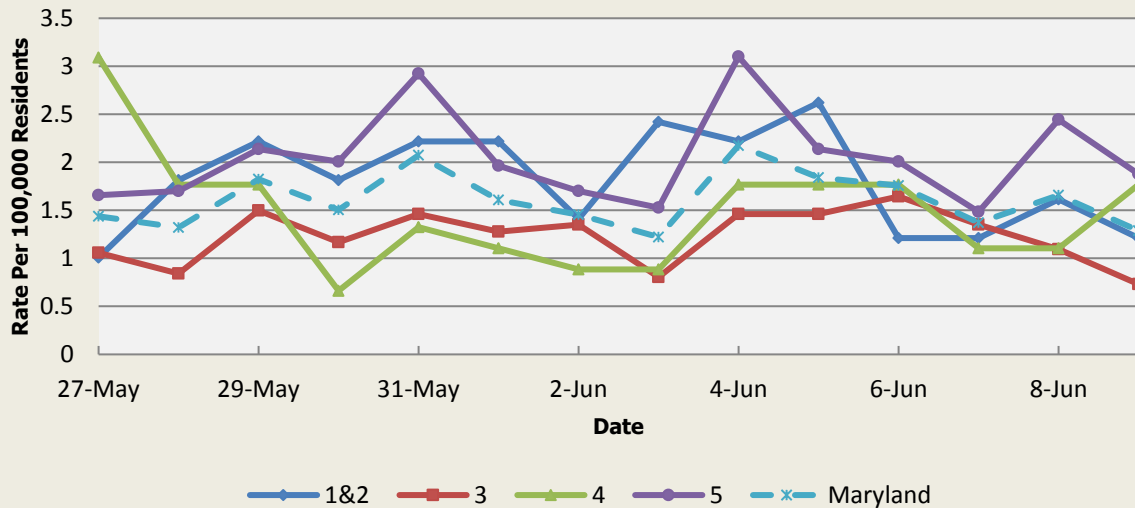


There was an appreciable increase above baseline in the rate of OTC medication sales on 11/13 (Region 3) during this reporting period. This increase is not known to be associated with any outbreaks.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.73	4.85	2.76	8.32	5.93
Median Rate*	3.02	4.24	2.43	7.77	5.34

* Per 100,000 Residents

Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



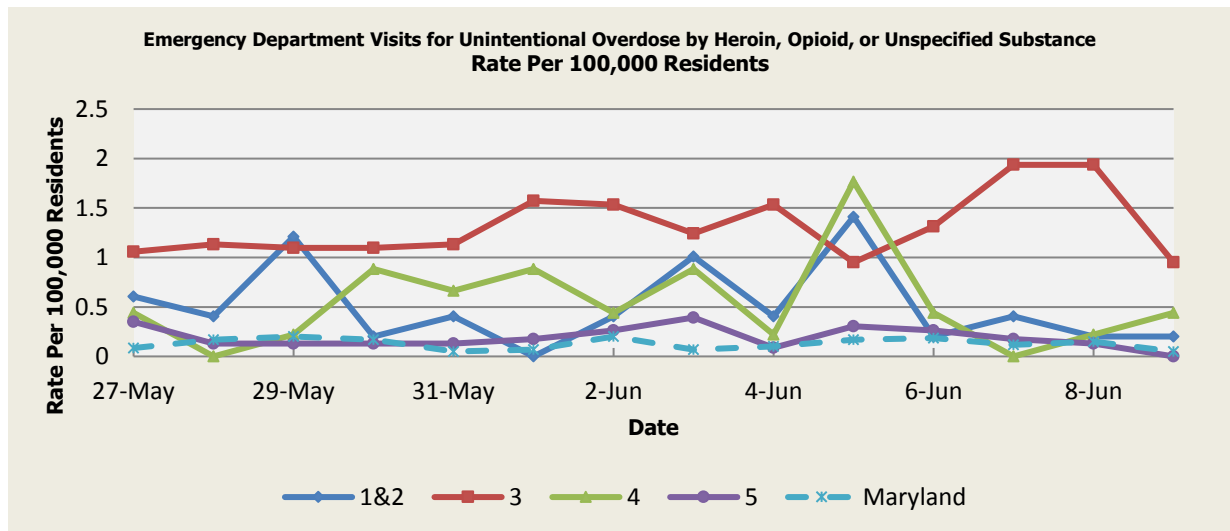
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.25	3.13	2.42	4.13	3.47
Median Rate*	3.02	2.92	2.21	3.93	3.25

* Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

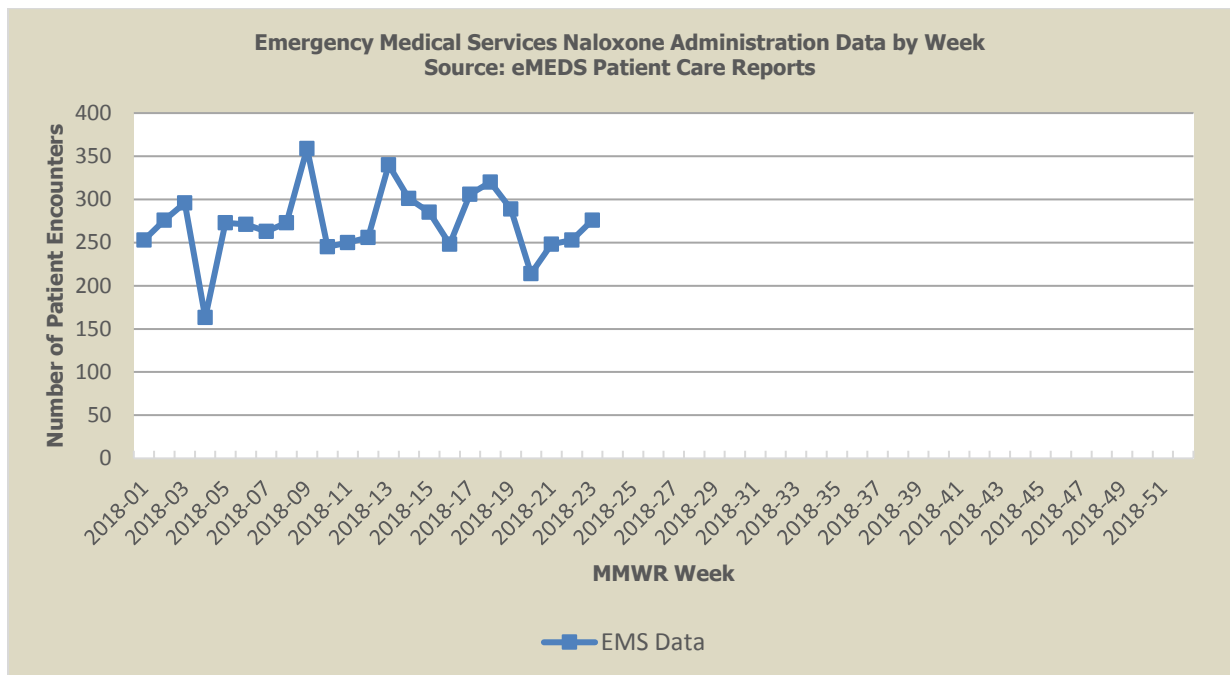
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.



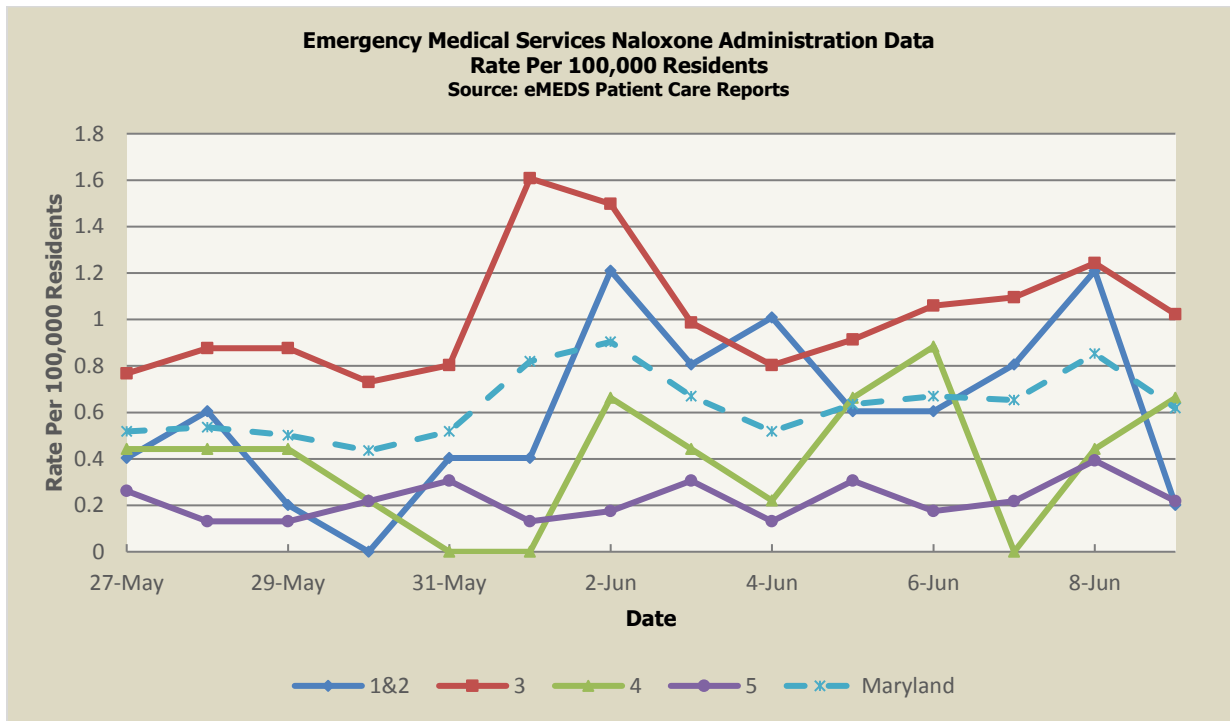
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.28	0.36	0.32	0.13	0.26
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.28	0.36	0.32	0.13	0.26
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 14, 2018, the WHO-confirmed global total (2003-2018) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

HPAI H7N9 AVIAN INFLUENZA (CHINA), 7 Jun 2018, Highly pathogenic avian influenza, China.

Read More: <https://www.promedmail.org/post/5844303>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week.

NATIONAL DISEASE REPORTS

BOTULISM (NEW MEXICO), 13 Jun 2018, The New Mexico Department of Health is investigating a case of apparent wound botulism in a 21-year-old woman from Dona Ana County, the department announced on 11 Jun 2018. The suspected source of infection is contaminated black tar heroin, the department stated in a news release. The woman injected black tar heroin under the skin, also known as "skin popping." The woman is currently hospitalized. Read More:

<http://www.promedmail.org/post/5854985>

E. COLI EHEC (OREGON), 13 Jun 2018, An E. coli O111 outbreak at a daycare center in Beaverton, Oregon has sickened 5 people, according to Wendy Gordon, Communications Director for Washington County Health and Human Services. She told Food Poisoning Bulletin that there are 5 confirmed cases, 4 of which have E. coli O111 infections; the fifth is awaiting serotype results. None of the cases have developed hemolytic uremic syndrome (HUS), which can cause kidney failure, and none have been hospitalized. Public health officials do not know how the pathogenic bacterium was introduced into the facility. The investigation is ongoing. Read More: <http://www.promedmail.org/post/5854733>

BOURBON VIRUS (MISSOURI), 10 Jun 2018, A St. Louis County resident has tested positive for a possible case of the Bourbon virus [infection] and it's now an emerging illness in different locations in Missouri. Missouri Department of Health and Senior Services (DHSS), Director Dr. Randall Williams, confirmed to The Missourian the most recent case was reported in May [2018] in an adult resident and the individual has recovered. Read More: <http://www.promedmail.org/post/5849681>

INTERNATIONAL DISEASE REPORTS

HEPATITIS E (NAMIBIA), 13 Jun 2018, Although the number of suspected hepatitis E cases has escalated to 54 from 47 since the last update at the end of May 2018, the region has not recorded any new deaths. The Director of Health Information and Research, Puumue Katjuwanjo, said only 13 of the 55 suspected cases have tested positive. Laboratory results of the other suspected cases were, as of 8 Jun 2018, still pending. Katjuwanjo said the Tsandi District Hospital has recorded 5 positively confirmed cases, which is the highest in the region. Tsandi is followed by Okahao and Outapi district hospitals, which both recorded 2 cases, while Oshikuku registered 2 cases. Read More: <http://www.promedmail.org/post/5854954>

LEPTOSPIROSIS (SRI LANKA), 13 Jun 2018, Sri Lanka health officials have reported an increase in the number cases of the bacterial disease, leptospirosis during the 1st 5 months of 2018. From Jan-May 2017, authorities reported 1022 cases; however, for the same period in 2018, 1525 cases were reported. The districts seeing the most leptospirosis cases year-to-date include Kalutara [Western province], Ratnapura [Sabaragamuwa province], Monaragala [Uva province], and Gampaha [Western province]. For Colombo district in the 1st 5 months of 2017, 47 cases were reported. This has been nearly doubled in 2018 with 91 cases. Read More: <http://www.promedmail.org/post/5854280>

CRIMEAN-CONGO HEMORRHAGIC FEVER (PAKISTAN), 12 Jun 2018, A teenager tested positive for the dreaded Congo Crimean Hemorrhagic Fever (CCHF) in Karachi and admitted to an isolation ward at Jinnah Postgraduate Medical Centre (JPMC) on Monday, health officials said. "A young man of 18-19 years of age had been brought to the JPMC yesterday [Sun 10 Jun 2018] with a high grade fever, rashes, bleeding from nose and mouth and on suspicion we got him tested for CCHF. The lab report confirmed that he is infected with the [Crimean-Congo hem. fever] virus," said Executive Director JPMC Dr. Seemin Jamali while talking to The News. Read More: <http://www.promedmail.org/post/5852925>

NIPAH VIRUS (INDIA), 11 Jun 2018, The deadly Nipah virus that struck Kozhikode district in Kerala last month [May 2018] and claimed 16 lives in the state has been finally contained, and the last of the 2 positive cases have fully recovered, said Kerala Health Minister KK Shailaja 10 Jun 2018. Including the man who was the 1st person suspected to have died of the infection, the death toll stands at 17. Read More: <http://www.promedmail.org/post/5851326>

UNDIAGNOSED HEMORRHAGIC FEVER (UGANDA), 11 Jun 2018, A disease, suspected to be Ebola or Marburg haemorrhagic fever, has broken out in Kiryandongo district. On 10 Jun 2018, a woman resident of Bweyale town council, was admitted with signs of the 2 ailments and died shortly after arrival. According to the district Secretary for Health Rashid Okecha, health officials tried all they could to give her treatment but in vain. "The woman was admitted at around 8 AM on 10 Jun 2018, with a severe fever and blood was flowing out of her body passing through every opening," Okecha said. Read More: <http://www.promedmail.org/post/5850987>

AMEBIC MENINGOENCEPHALITIS (PAKISTAN), 9 Jun 2018, The Sindh Health Department confirmed on 4 Jun 2018, that the 'brain-eating' amoeba, called Naegleria fowleri, claimed its 2nd victim in Karachi. "This is the 2nd life claimed by naegleria this year [2018] in Karachi," confirmed Dr. Zafar Mehdi, the focal person for naegleria-related deaths in Sindh. The recent victim of the deadly disease was 16-year-old girl from North Nazimabad. Dr. Mehdi said that [the deceased] was admitted to a hospital with the symptoms of high fever, vomiting, and nausea. She was shifted to a private hospital in Karachi on probably 30 May 2018. Read More: <http://www.promedmail.org/post/5845550>

RIFT VALLEY FEVER (KENYA), 9 Jun 2018, In Wajir, 2 more people have died of suspected Rift Valley fever (RVF) bringing death toll to 4 as panic grips the county. Wajir county's chief health officer Noor Sheikh Mohamed said the 2 deaths occurred outside the local referral hospital but have not independently verified the report. Read More: <http://www.promedmail.org/post/5847216>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

